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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and	JAGADISHWAR RAO SAMALA/ Examiner's Signature	sj Initials	JAPAN	0	9	3
Acknowledged						

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**TITLE**

THERAPEUTIC AGENT FOR KERATOCONJUNCTIVAL DISORDER

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